

Welcome to ImmuNet!

By referring to the **Basic Quick Reference Guide** you will be able to:

- [Log in to ImmuNet](#)
- [Manage Patients](#)
- [Enter a New Patient](#)
- [Add an Ordering Authority or Clinician](#)
- [Add an Immunization to a Patient Record](#)
- [View the Immunization Record](#)
- [Print the Immunization Certificate](#)
- [Save the Immunization Certificate](#)
- [Change your ImmuNet Password](#)

Log in to ImmuNet

To go to the ImmuNet application, type www.mdimmunet.org into the address bar of your browser session and press **Enter**.

Enter your **User Name** and **Password** and click **Login**.

If you have forgotten your password, click **Forgot Password**. Enter your **User Name** and **E-mail Address** (that was used to register you with ImmuNet). You will be e-mailed a link that will enable you to reset your password or see your organization's Admin User, who can reset your password.

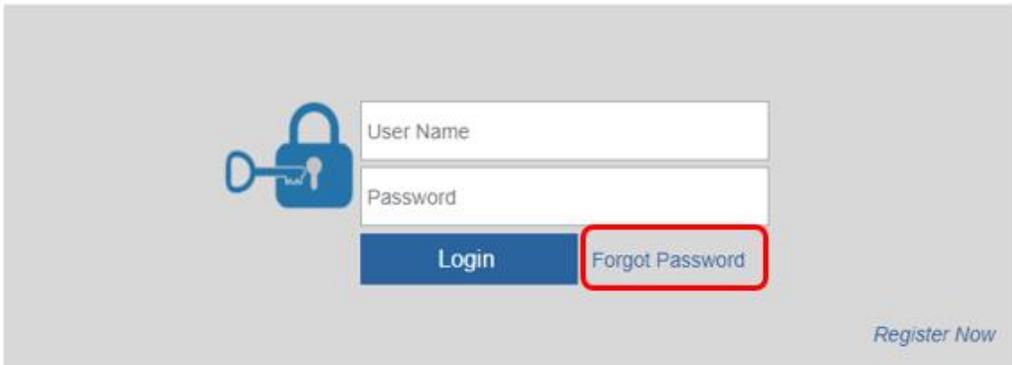
Production Region Maryland.gov | Phone Directory | State Agencies | Online Services



ImmuNet:
Maryland's Immunization Information System
DEPARTMENT OF HEALTH

WEBSITE NOTICE:
ImmuNet works best with the most current version of Internet Explorer or Google Chrome.

[Home](#) [Resources](#) [About Us](#) [Contact Us](#)



A login form on a light gray background. On the left is a blue padlock icon with a keyhole. To its right are two white input fields: the top one is labeled "User Name" and the bottom one is labeled "Password". Below these fields are two buttons: a blue "Login" button and a white "Forgot Password" button with a red border. In the bottom right corner, there is a blue link that says "Register Now".



Manage Patients

On the left navigator click **Patients**, then click **Patient Search** or click the [blue](#) button **Patient Search**.

Welcome ImmuNet User logged in as: > Organization: **Maryland Department of Health (Child)** > My Account > Logout
Role: **Admin User (Provider)**

 **ImmuNet:**
Maryland's Immunization Information System
DEPARTMENT OF HEALTH

WEBSITE NOTICE:
ImmuNet works best with the most current version of Internet Explorer or Google Chrome.

Home Resources Contact Us Help

UAT Region 3.1.2
.....

Patients
 > Patient Search
Organization Reports
Inventory and Ordering
Data File Loading
..

Patient Search Click to locate a patient, enter a new patient, view patient records or add immunizations to a patient record.

VFC Inventory / Orders Click to proceed to the VFC Order Screen to enter your inventory on hand for your VFC order to be processed.

Type in the **Last Name**, **First Name**, and **Birth Date** and click **Search**.

Patient Search

Last Name <input type="text"/>	Patient ID <input type="text"/>	Search Advanced Search Clear
First Name <input type="text"/>		
Middle Name <input type="text"/>	ImmuNet ID <input type="text"/>	
Birth Date <input type="text"/> 		

If you find more than one patient, click on the appropriate [blue](#) last name link to access the record.

Patient Search Criteria / Results

Last Name <input type="text" value="patient"/>	Patient ID <input type="text"/>	Search
First Name <input type="text" value="test"/>		
Middle Name <input type="text"/>	ImmuNet ID <input type="text"/>	Enter as New Patient
Birth Date <input type="text"/> 		Cancel

Select the radio button for viewing option then select the Patient link below:

- Patient Demographics
 Patient Immunization
 Patient Reports
 Blood Lead History/Recommendations

Possible Matches: 19

Last Name	First Name	Middle Name	Birth Date	Patient ID	Mother's Maiden First	Mother's Maiden Last	Gender	Status
PATIENT	TEST		01/01/1950				M	A
PATIENT	TEST		11/12/1962				F	A
PATIENT	TEST		01/01/2008	12345	EXAMPLE	MOTHER	M	A
PATIENT	TEST		02/28/2018				U	A
PATIENT	TEST		06/20/2018		MELINDA	JOHNSON	U	N

If there are no records for the patient, you will see this message:

Patient Search Criteria / Results			
Last Name	<input type="text" value="patient"/>	Patient ID	<input type="text"/>
First Name	<input type="text" value="test1"/>		
Middle Name	<input type="text"/>	ImmuNet ID	<input type="text"/>
Birth Date	<input type="text"/> 		
			Search
			Advanced Search
			Enter as New Patient
			Cancel

No patients were found for the requested search criteria. Please enter additional search criteria or perform an Advanced Search for more options. If this is a new patient to ImmuNet please select the "Enter as New Patient" button.

Possible Matches: 0

Last Name	First Name	Middle Name	Birth Date	Patient ID	Mother's Maiden First	Mother's Maiden Last	Gender	Status
No patients were found for the requested search criteria.								

Enter a New Patient

To create a new patient record, click **Enter as New Patient**.

Enter as New Patient

Enter in as much patient information as possible into the sections:

- Patient Information
- Address Information
- Responsible Persons

Click **Save**.

Enter New Patient

Personal Information

* Last Name	<input type="text" value="patient"/>	* Gender	<input type="text" value="Unknown"/>
* First Name	<input type="text" value="new"/>	Medicaid ID	<input type="text"/>
Middle Name	<input type="text"/>	Birth Order	<input type="text" value=""/> (for multiple births)
Suffix	<input type="text"/>	Birth Country	<input type="text" value="UNITED STATES"/>
* Birth Date	<input type="text"/> 		
* Mother's Maiden Last	<input type="text"/>	Last Reminder Recall:	
* Mother's First Name	<input type="text"/>	Opt Out:	<input type="text" value="No"/>
		Opt Out Date:	

Save

History/Recommend

Add Immunization

Add Next Patient

Cancel

Patient Information ▼

Address Information ▼

Responsible Persons (0) ▼

Patient Comments (0) ▼

Patient Notes (0) ▼

Add an Ordering Authority or Clinician

To perform this operation, you must have an ImmuNet access role of **Admin User**.

To add a clinician, on the left navigator, click **Manage Org Selections, Manage Clinicians**.

Patients

Organization Reports

Inventory and Ordering

Data File Loading

Manage Org Selections

> Manage Clinicians

> Manage Physicians

> Manage Schools

On the right, click **Add Clinician**



Organization Name: Maryland Department of Health (Child)

Site List: Maryland Department of Health (Chi ▾)

Add Clinician

Find Clinician

Clinician List

Clinician Name	Role	Signature
No clinicians were found for the selected site.		

Click the radio button **Clinician**.

Type in the **Last Name, First Name** of the clinician.

Under **Complete Site Listing**, click directly on the name of the organization and click **Add** (to add it under **Selected Sites**).
Click **Save**.

The message **Record Updated** will be displayed in **red** at the top, if successful.

• **Record Updated**

Edit Clinician Information

Role Clinician Ordering Authority / Clinician Ordering Authority

Prefix

Last Name

First Name

Middle Name

Suffix

Save
Cancel

Complete Site Listing

Add >
Add All >>
< Remove
<< Remove All

Selected Sites

Maryland Department of He: ^

Add Clinician Information

Role Clinician Ordering Authority / Clinician Ordering Authority

Prefix

Last Name

First Name

Middle Name

Suffix

Save
Cancel

Complete Site Listing

Maryland Department of He: ^

Add >
Add All >>
< Remove
<< Remove All

Selected Sites

To add an **Ordering Authority/Clinician**, on the left navigator, click **Manage Org Selections, Manage Clinicians**.

Patients

Organization Reports

Inventory and Ordering

Data File Loading

Manage Org Selections

- > Manage Clinicians
- > Manage Physicians
- > Manage Schools

On the right, click **Add Clinician**



Organization Name: Maryland Department of Health (Child)

Site List: Maryland Department of Health (Chi ▾)

Add Clinician

Find Clinician

Clinician List

Clinician Name	Role	Signature
No clinicians were found for the selected site.		

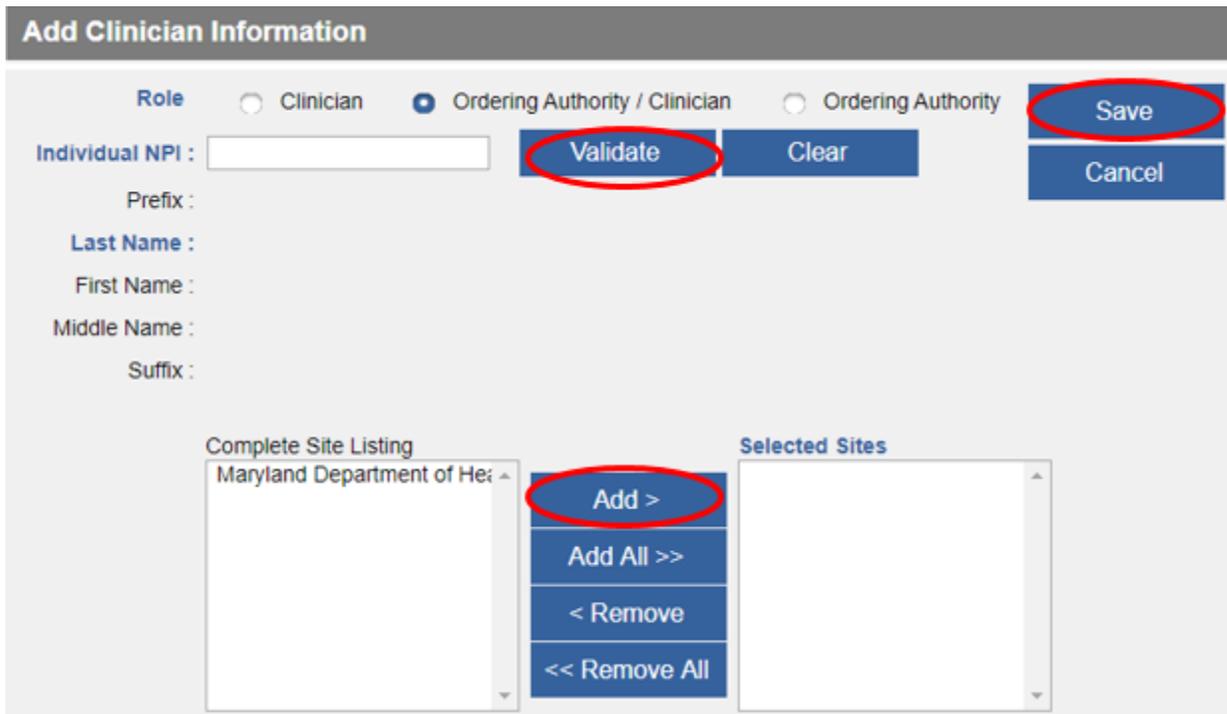
Click the radio button **Ordering Authority/Clinician**

Enter the **Individual NPI** (of the responsible provider of the organization) and click **Validate**.

The **Last Name, First Name, and Address** (not shown) information should automatically populate in the fields.

Under **Complete Site Listing**, click directly on the name of your organization and click **Add** (to add it under **Selected Sites**).

Click **Save**.



The message (not shown) **Record Updated** will be displayed in **red** at the top, if successful.

To remove a clinician,

on the left navigator, click **Manage Org Selections, Manage Clinicians**.

Patients

Organization Reports

Inventory and Ordering

Data File Loading

Manage Org Selections

- > Manage Clinicians
- > Manage Physicians
- > Manage Schools

Click on the appropriate [blue](#) Clinician name link of the clinician.

Organization Name: Maryland Department of Health (Child)

Site List: ▼

[Add Clinician](#)
[Find Clinician](#)
[Clinician List](#)

Clinician Name	Role	Signature
SMITH, JANE	Clinician	N

Click **Delete**.

Edit Clinician Information

Role: Clinician Ordering Authority / Clinician Ordering Authority

Prefix:

Last Name:

First Name:

Middle Name:

Suffix:

[Save](#)
[Delete](#)
[Cancel](#)

Complete Site Listing:

Selected Sites: ▲

[Add >](#)
[Add All >>](#)
[< Remove](#)
[<< Remove All](#)

Click **OK** to the question that will be displayed at the top of the screen.

immunet.health.maryland.gov says

Are you sure you want to delete this record?

[OK](#) [Cancel](#)

Add an Immunization to a Patient Record

Within the patient record, click **Add Immunization**.

Home Resources Contact Us Help

Patient Demographics ImmuNet ID: 617196

Personal Information

* Last Name	<input type="text" value="PATIENT"/>	* Gender	Male ▼
* First Name	<input type="text" value="TEST"/>	Medicaid ID	<input type="text"/>
Middle Name	<input type="text" value="M"/>	Birth Order	<input type="text"/> (for multiple births)
Suffix	<input type="text"/>	Birth Country	UNITED STATES ▼
* Birth Date	<input type="text" value="08/01/2000"/> 		
* Mother's Maiden Last	<input type="text"/>	Last Reminder Recall:	
* Mother's First Name	<input type="text"/>		

Save

History/Recommend

Add Immunization

Patient Reports

Blood Lead

Cancel

Go to the appropriate immunization name (row) under the appropriate vaccine type (column).

Patient Information
ImmuNet ID: 617196

Patient Name (First - MI - Last)
TEST M. PATIENT

Address

Comments

For Private Vaccines Administered – click in the box to select then click OK

Mother's Maiden

Tracking Schedule
ACIP

Patient ID

8001 (782) 178-7217

Ok
Cancel
Unselect All

Immunizations from ImmuNet, Other, or Historical Inventory

For VFC Vaccines Administered – click in the box to select then click OK

For Historical Vaccines Administered by another provider – enter a number then click OK

Date Administered: **Activate Expired**

Immunization	From ImmuNet Inv	From Other Inv	Hist #	Immunization	From ImmuNet Inv	From Other Inv	Hist #
Adeno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthrax		<input type="checkbox"/>	<input type="checkbox"/>	Mumps		<input type="checkbox"/>	<input type="checkbox"/>
BCG		<input type="checkbox"/>	<input type="checkbox"/>	PPD Test		<input type="checkbox"/>	<input type="checkbox"/>
Cholera		<input type="checkbox"/>	<input type="checkbox"/>	Pertussis		<input type="checkbox"/>	<input type="checkbox"/>
DTP/aP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plague		<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria		<input type="checkbox"/>	<input type="checkbox"/>	Pneumo-Poly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encephalitis		<input type="checkbox"/>	<input type="checkbox"/>	Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu H1N1-09		<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H5N1 Flu		<input type="checkbox"/>	<input type="checkbox"/>	Rabies		<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotavirus		<input type="checkbox"/>	<input type="checkbox"/>
HepA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubella		<input type="checkbox"/>	<input type="checkbox"/>
HepB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smallpox		<input type="checkbox"/>	<input type="checkbox"/>
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Td	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IG-RSV IgIM		<input type="checkbox"/>	<input type="checkbox"/>	Tdap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus		<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid		<input type="checkbox"/>	<input type="checkbox"/>
Lyme		<input type="checkbox"/>	<input type="checkbox"/>	Typhus		<input type="checkbox"/>	<input type="checkbox"/>
MMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicella		<input type="checkbox"/>	<input type="checkbox"/>
Measles		<input type="checkbox"/>	<input type="checkbox"/>	Yellow Fever		<input type="checkbox"/>	<input type="checkbox"/>
MeningB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zoster		<input type="checkbox"/>	<input type="checkbox"/>

For **VFC (Vaccines for Children) vaccines** administered - Enter the **Date Provided, Ordering Authority** or **Ordering Authority/Clinician, Trade Name-Lot, Administered By/Dose, Body Site/Route, VFC Eligibility**.

Click **Save**.

Patient Information

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule
TEST M. PATIENT	08/01/2000	M	ACIP
Address: TEST, ABERCROMBIE, ND 58001 (782) 178-7217			

New Immunizations (1)

Date Provided: 10/22/2019

Ordering Authority:

New Immunizations from ImmuNet Inventory (1)

Remove	Immunization	Trade Name-Lot	Administered By / Dose	Body Site / Route	VFC Eligibility
<input type="checkbox"/>	HPV	<input type="text"/>	<input type="text"/> Full	<input type="text"/> intramuscular	<input type="text"/>

Click **Cancel** or click the back arrow to enter additional vaccine administration for the same patient.

For **private vaccines** administered - Enter the **Date Provided**, **Ordering Authority**, **Trade Name**, **Dose**, **Lot Number**, **VFC Eligibility** (select Not VFC Eligible), **Administered By**, and **Funding Type** (select Private).

Click **Save**.

Add Immunization Details

Patient Information

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule
TEST M. PATIENT	08/01/2000	M	ACIP
Address: TEST, ABERCROMBIE, ND 58001 (782) 178-7217			

New Immunizations (1)

Date Provided: 10/22/2019 

Ordering Authority:

New Immunizations from Other Inventory (1)

Remove	Immunization	Trade Name	Dose	Manufacturer	Lot Number	VFC Eligibility	Administered By	Funding Type
<input type="checkbox"/>	HPV	<input type="text"/>	Full	<input type="text"/>	<input type="text"/>	Not VFC Eligible	<input type="text"/>	Private

Click **Cancel** or click the back arrow to enter additional vaccine administration for the same patient.

For **historical vaccines** administered (vaccines administered by another provider) - Enter the **Date Provided, Trade Name, Lot Number** (if available), **Historical Org Name** (if available), and **Source of Imm** (if available).

Click **Save**.

Add Immunization Details

Patient Information

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule
TEST M. PATIENT	08/01/2000	M	ACIP
Address: TEST, ABERCROMBIE, ND 58001 (782) 178-7217			

Save
Cancel

Historical Immunizations (1)

Remove	Immunization	Date Provided	Trade Name	Lot Number	Historical Org Name	Source of Imm
<input type="checkbox"/>	HPV	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	Source Unspecif

Save
Cancel

Click **Cancel** or click the back arrow to enter additional vaccine administration for the same patient.

Note: To enter multiple doses administered of the same vaccine for the same patient, enter a number greater than 1. Multiple rows will be displayed for the information to be entered.

Add Immunization Details

Patient Information

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule
TEST M. PATIENT	08/01/2000	M	ACIP
Address: TEST, ABERCROMBIE, ND 58001 (782) 178-7217			

Save
Cancel

Historical Immunizations (3)

Remove	Immunization	Date Provided	Trade Name	Lot Number	Historical Org Name	Source of Imm
<input type="checkbox"/>	HPV	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	Source Unspecif
<input type="checkbox"/>	HPV	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	Source Unspecif
<input type="checkbox"/>	HPV	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	<input style="width: 80px; border: 1px solid #ccc;" type="text"/>	Source Unspecif

Save
Cancel

View the Immunization Record

To view the immunization record on the screen, click **History/Recommend**.

Patient Demographics

ImmuNet ID: 297985

Personal Information

* Last Name	<input type="text" value="PATIENT"/>	* Gender	Male
* First Name	<input type="text" value="TEST"/>	Medicaid ID	<input type="text"/>
Middle Name	<input type="text"/>	Birth Order	<input type="text"/> (for multiple births)
Suffix	<input type="text"/>	Birth Country	UNITED STATES
* Birth Date	<input type="text" value="01/01/1950"/> 		
* Mother's Maiden Last	<input type="text"/>	Last Reminder Recall:	
* Mother's First Name	<input type="text"/>		

Save
History/Recommend
Add Immunization
Patient Reports
Blood Lead
Cancel

View the patient's immunization history in the section titled **History**. You can also view vaccines the patient is due based on the ACIP schedule in the section titled **Vaccines Recommended by Selected Tracking Schedule**.

History					
Vaccine Group	Date Administered	Series	Trade Name [Vaccine]	Dose	Reaction
DTP/aP	11/11/2015	1 of 5	Kinrix®	Full	
HepA	05/27/2016	1 of 2		Full	
Hib	05/27/2016			Full	
	06/01/2016			Full	
MMR	11/11/2015	1 of 2	Proquad®	Full	
Pneumo-Poly	04/18/2016	1 of 2	Prevnar 13®	Full	
Polio	11/11/2015	1 of 3	Kinrix®	Full	
Varicella	11/11/2015	1 of 2	Proquad®	Full	
Current Age: 10 years, 1 month, 4 days					
Vaccines Recommended by Selected Tracking Schedule					
Vaccine Group	Recommended Vaccine	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP	Maximum Age Exceeded				
HepA		11/27/2016	11/27/2016	12/27/2017	
HepB		02/23/2009	02/23/2009	03/23/2009	
Hib	Maximum Age Exceeded				
HPV		02/23/2018	02/23/2020	03/23/2022	02/22/2024
Influenza		08/23/2009	08/01/2018	02/23/2010	
Meningo		02/23/2020	02/23/2020	02/23/2022	02/22/2031
MMR		12/09/2015	12/09/2015	01/11/2016	
Pneumo-Poly	Pneumococcal 23	02/23/2074	02/23/2074	02/23/2076	
Polio		12/09/2015	12/09/2015	02/11/2016	
Td	TdaP > 7 years	02/23/2016	02/23/2016	02/23/2016	
Tdap	TdaP > 7 years	02/23/2016	02/23/2020	02/23/2022	
Varicella		02/03/2016	02/03/2016	03/23/2016	

The view the 896 School Certificate, click **Patient Reports**. On the right, select your organization from the drop-down menu under **Site**. On the left click **Maryland 896 School Certificate**.

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME _____		PATIENT _____		TEST _____									
		LAST		FIRST MI									
SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		BIRTHDATE <u>02/23/2009</u>											
COUNTY <u>Montgomery</u>		SCHOOL _____ GRADE _____											
PARENT OR GUARDIAN NAME <u>KIA SMITH</u>		PHONE NO. _____											
ADDRESS <u>3513 SILVER PARK DRIVE</u>		CITY <u>TAKOMA PARK</u>		ZIP <u>20913</u>									
RECORD OF IMMUNIZATIONS (See Notes on Other Side)													
Vaccines Type													
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1	11/11/2015	11/11/2015							1	05/27/2016	11/11/2015	11/11/2015	
2									2				
3													
4													
5													
										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MMII Mo/Day/Yr	Other Mo/Day/Yr
										_____	_____	_____	_____
										_____	_____	_____	_____
										_____	_____	_____	_____
										_____	_____	_____	_____
To the best of my knowledge, the vaccines listed above were administered as indicated.										Clinic / Office Name Office Address/ Phone Number			
1. _____										Archbishop Borders School 3500 Foster Ave. BALTIMORE, MD 21224 (410) 276-6534 MDH - Maryland ImmuNet Immunization Registry Program 201 W. Preston St., 3rd floor Baltimore, MD 21201 (410)-767-6606			
Signature _____ Title _____ Date _____ (Medical provider, local health department official, school official, or child care provider only)													
2. _____													
Signature _____ Title _____ Date _____													
3. _____													
Signature _____ Title _____ Date _____													
Lines 2 and 3 are for certification of vaccines given after the initial													

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a Permanent condition OR Temporary condition until ____/____/____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date: _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

Print the Immunization Certificate

To print, right-click directly on the certificate and click **Print**



MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME: PATIENT: TEST: LAST: FIRST: MI:
 SEX: MALE FEMALE BIRTHDATE: 02/21/2009
 COUNTY: Montgomery SCHOOL: GRADE:
 PARENT OR GUARDIAN NAME: RESIDENCE PHONE NO. ADDRESS: 390 MEYER PARK DRIVE CITY: TAKOMA PARK ZIP: 20912

RECORD OF IMMUNIZATIONS (See Notes on Other Side)

DATE	Vaccine Type					DATE	DATE	DATE	DATE	DATE
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY					
1	10/1/2015	10/1/2015				10/27/2016	11/11/2017	11/11/2017		
2										
3										
4										
5										

To the best of my knowledge, the vaccines listed above were administered to the child on the dates indicated.

1. Signature: Title: Date: Office Name: Phone Number:
 2. Signature: Title: Date: Office Name: Phone Number:
 3. Signature: Title: Date: Office Name: Phone Number:

Lines 2 and 3 are for certification of vaccines given after the initial

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

or click the printer icon in top-right corner of the screen.



Change your ImmuNet Password

To change your ImmuNet password, click **My Account**.



On the left navigator click **Manage My Account, Change My Password**.

Applications

Manage My Account

> Change My Password

> Edit My User Account

Security Questions >

Type in a new password in the **New Password** field and again in the **Confirm New Password** field, keeping in mind the guidelines for creating a new password.

Click **Save**.

Change Password

Password re-set rules:

1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

User School Access User
Username saccessuser

* New Password

* Confirm New Password

Save

If your password is accepted, you will see the following message in **red** at the top of the screen (if not, you will have to type a different password into the fields **New Password** and **Confirm New Password** and click **Save**).

**** Password Updated, to access ImmuNet click on "ImmuNet" within the main menu on the left under Applications. ****

Change Password

Password re-set rules:

1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

User School Access User
Username saccessuser

* New Password

* Confirm New Password

Save

To access ImmuNet, Click **Applications, ImmuNet**.

Applications

> ImmuNet

Click on the [blue](#) organization name link or

click on the appropriate organization link for which you are trying to access, if you have access to more than one organization.

Select an Organization link below to access ImmuNet.

Select one Organization as your default.

Default Org	Organization Listing
<input checked="" type="radio"/>	School